

MISSOURI
STANDARD CERTIFICATE OF DEATH

4663

State File No. _____

FILED FEB 18 1955

389

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 Yrs</u>		STREET ADDRESS (If rural, give location) <u>2458 3636 Baltimore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3636 Baltimore</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>D</u> c. (Last) <u>Bruce</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11, 1906</u>
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Motor Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Aliceville, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>Wallace Bruce</u>	13b. MOTHER'S MAIDEN NAME <u>M. Elizabeth Steen</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Millie Bruce</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-05-1648</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Millie Bruce</u> ADDRESS <u>3636 Baltimore</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>422-2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Edema</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____ High St. Owens and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) _____	23b. ADDRESS <u>1034 Quirk Bldg</u>	23c. DATE SIGNED <u>1-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>JAN 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah Cemetery</u>
24d. LOCATION (City, town, or county) <u>Kansas City, Mo</u>		(State) _____

DATE REC'D BY LOCAL REG. <u>1-28-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Tobin Co</u> ADDRESS <u>20 W Linwood</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2/18/1919

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Colden*

Licensed Embalmer No. *4714*

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.